



106TH CONGRESS  
1ST SESSION

# S. 1618

To promote primary and secondary health promotion and disease prevention services and activities among the elderly, to amend title XVIII of the Social Security Act to add preventive benefits, and for other purposes.

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## IN THE SENATE OF THE UNITED STATES

SEPTEMBER 22, 1999

Mr. GRAHAM (for himself, Mr. JEFFORDS, Mr. CHAFEE, Mr. BRYAN, Mr. ROCKEFELLER, and Mr. KERRY) introduced the following bill; which was read twice and referred to the Committee on Finance

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## A BILL

To promote primary and secondary health promotion and disease prevention services and activities among the elderly, to amend title XVIII of the Social Security Act to add preventive benefits, and for other purposes.

1       *Be it enacted by the Senate and House of Representa-  
2 tives of the United States of America in Congress assembled,*

3   **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4       (a) **SHORT TITLE.**—This Act may be cited as the  
5   **“Medicare Wellness Act of 1999”.**

6       (b) **TABLE OF CONTENTS.**—The table of contents is  
7   as follows:

See. 1. Short title; table of contents.

- Sec. 2. Finding.  
 Sec. 3. Definitions.

#### TITLE I—HEALTHY SENIORS PROMOTION PROGRAM

- Sec. 101. Healthy Seniors Promotion Program.  
 Sec. 102. Sense of Congress regarding the response of HCFA to preventive health issues.  
 Sec. 103. Sense of Congress regarding the efforts of HCFA to study health promotion and disease prevention for medicare beneficiaries.  
 Sec. 104. Sense of Congress regarding the establishment of a medicare health promotion and disease prevention clearinghouse.

#### TITLE II—MEDICARE COVERAGE OF PREVENTIVE SERVICES

- Sec. 201. Counseling for cessation of tobacco use.  
 Sec. 202. Screening for hypertension.  
 Sec. 203. Counseling for hormone replacement therapy.  
 Sec. 204. Screening for glaucoma.  
 Sec. 205. Screening for diminished visual acuity.  
 Sec. 206. Screening for hearing impairment.  
 Sec. 207. Screening and counseling for osteoporosis.  
 Sec. 208. Screening for cholesterol.  
 Sec. 209. Elimination of cost sharing for current preventive benefits.  
 Sec. 210. National falls prevention education and awareness campaign.  
 Sec. 211. Program integrity.

#### TITLE III—MEDICARE HEALTH EDUCATION AND RISK APPRAISAL PROGRAM

- Sec. 301. Medicare Health Education and Risk Appraisal Program.

#### TITLE IV—DISEASE SELF-MANAGEMENT DEMONSTRATION PROJECTS

- Sec. 401. Disease self-management demonstration projects.

#### TITLE V—STUDIES AND REPORTS ADVANCING ORIGINAL RESEARCH IN THE FIELD OF DISEASE PREVENTION AND THE ELDERLY

- Sec. 501. MedPAC biannual report.  
 Sec. 502. National Institute on Aging study and report.  
 Sec. 503. Institute of Medicine 5-year medicare prevention benefit study and report.  
 Sec. 504. Fast-track consideration of prevention benefit legislation.

### **1 SEC. 2. FINDING.**

2        Congress finds that despite significant advancements  
 3 in general research for health promotion and disease pre-  
 4 vention among the elderly, there has been a failure in  
 5 translating that research into practical intervention.

## 1 SEC. 3. DEFINITIONS.

2 As used in this Act:

3 (1) COST-EFFECTIVE BENEFIT.—The term  
4 “cost-effective benefit” means a benefit or technique  
5 that has—6 (A) been subject to peer review;  
7 (B) been described in scientific journals;  
8 and9 (C) demonstrated value as measured by  
10 unit costs relative to health outcomes achieved.11 (2) COST-SAVING BENEFIT.—The term “cost-  
12 saving benefit” means a benefit or technique that  
13 has—14 (A) been subject to peer review;  
15 (B) been described in scientific journals;  
16 and17 (C) caused a net reduction in health care  
18 costs for medicare beneficiaries.19 (3) MEDICALLY EFFECTIVE.—The term “medi-  
20 cally effective” means, with respect to a benefit or  
21 technique, that the benefit or technique has been—22 (A) subject to peer review;  
23 (B) described in scientific journals; and  
24 (C) determined to achieve an intended goal  
25 under normal, programmatic conditions.

1                             (4) MEDICAL EFFICACY; MEDICALLY EFFICA-  
2                             CIOUS.—The terms “medical efficacy” and “medi-  
3                             cally efficacious” mean, with respect to a benefit or  
4                             technique, that the benefit or technique has been—

- 5                             (A) subject to peer review;  
6                             (B) described in scientific journals; and  
7                             (C) determined to achieve an intended goal  
8                             under controlled conditions.

9                             (5) MEDICARE BENEFICIARY.—The term  
10                             “medicare beneficiary” means any individual who is  
11                             entitled to benefits under part A or enrolled under  
12                             part B of the medicare program, including any indi-  
13                             vidual enrolled in a Medicare+Choice plan offered  
14                             by a Medicare+Choice organization under part C of  
15                             such program.

16                             (6) MEDICARE PROGRAM.—The term “medicare  
17                             program” means the health care program under title  
18                             XVIII of the Social Security Act (42 U.S.C. 1395 et  
19                             seq.).

20                             (7) SECRETARY.—The term “Secretary” means  
21                             the Secretary of Health and Human Services.

22                             **TITLE I—HEALTHY SENIORS  
23                             PROMOTION PROGRAM**

24                             SEC. 101. HEALTHY SENIORS PROMOTION PROGRAM.

25                             (a) DEFINITIONS.—As used in this section:

1                   (1) ELIGIBLE ENTITY.—The term “eligible enti-  
2       ty” means an entity that the Working Group deter-  
3       mines has demonstrated expertise in research re-  
4       garding health promotion and disease prevention  
5       among the elderly.

6                   (2) WORKING GROUP.—The term “Working  
7       Group” means the Healthy Seniors Working Group  
8       established under subsection (d).

9                   (b) PROGRAM AUTHORIZED.—The Secretary, subject  
10      to the general policies and criteria established by the  
11      Working Group and in accordance with the provisions of  
12      this Act, is authorized to make grants to eligible entities  
13      to pay for the costs of the activities described in subsection  
14      (c).

15                   (c) USE OF FUNDS.—An eligible entity may use pay-  
16      ments received under this section in any fiscal year to  
17      study—

18                   (1) whether using different types of providers of  
19      care who are not physicians and alternative settings  
20      (including community-based senior centers) for the  
21      implementation of a successful health promotion and  
22      disease prevention strategy, including the implica-  
23      tions regarding the payment of such providers, is  
24      medically efficacious or medically effective;

8 (3) other topics designated by the Secretary.

9 (d) HEALTHY SENIORS WORKING GROUP.—

(B) The Director of the Centers for Disease Control and Prevention.

(C) The Administrator of the Agency for  
Health Care Policy and Research.

24 (E) The Director of the National Institute  
25 on Aging.

1                   (3) ALTERNATIVE MEMBERSHIP.—

2                   (A) APPOINTMENT.—Any member of the  
3                   Working Group described in a subparagraph of  
4                   paragraph (2) may appoint an individual who is  
5                   an officer or employee of the Federal Govern-  
6                   ment to serve as a member of the Working  
7                   Group instead of the member described in such  
8                   subparagraph.

9                   (B) DEADLINE.—If a member described in  
10                  subparagraph (A) elects to appoint an indi-  
11                  vidual under such subparagraph, such indi-  
12                  vidual shall be appointed not later than Decem-  
13                  ber 31, 2000.

14                  (4) GENERAL POLICIES AND CRITERIA.—The  
15                  Working Group shall establish general policies and  
16                  criteria with respect to the functions of the Sec-  
17                  retary under this section including—

18                  (A) priorities for the approval of applica-  
19                  tions;

20                  (B) procedures for developing, monitoring,  
21                  and evaluating research efforts conducted under  
22                  this section; and

23                  (C) such other matters as are rec-  
24                  ommended by the Working Group and approved  
25                  by the Secretary.

1                             (5) CHAIRPERSON.—The Chairperson of the  
2                             Working Group shall be the Administrator of the  
3                             Agency for Health Care Policy and Research.

4                             (6) QUORUM.—A majority of the members of  
5                             the Working Group shall constitute a quorum, but  
6                             a lesser number of members may hold hearings.

7                             (7) MEETINGS.—The Working Group shall  
8                             meet at the call of the Chairperson, except that—

9                                 (A) it shall meet not less than 4 times each  
10                             year; and

11                                 (B) it shall meet whenever a majority of  
12                             the appointed members request a meeting in  
13                             writing.

14                             (8) COMPENSATION OF MEMBERS.—Each mem-  
15                             ber of the Working Group shall be an officer or em-  
16                             ployee of the Federal Government and shall serve  
17                             without compensation in addition to that received for  
18                             their service as an officer or employee of the Federal  
19                             Government.

20                             (e) APPLICATION.—

21                                 (1) IN GENERAL.—Each eligible entity which  
22                             desires to receive a grant under this section shall  
23                             submit an application to the Secretary, at such time,  
24                             in such manner, and accompanied by such additional

1 information as the Secretary may reasonably re-  
2 quire.

3 (2) CONTENTS.—Each application submitted  
4 pursuant to paragraph (1) shall—

5 (A) describe the activities for which assist-  
6 ance under this section is sought;

7 (B) describe how the research effort pro-  
8 posed to be conducted will reflect the medical,  
9 behavioral, and social aspects of care for the el-  
10 derly, lead to the development of cost-effective  
11 benefits and cost-saving benefits, and impact  
12 the quality of life of medicare beneficiaries;

13 (C) provide evidence that the eligible entity  
14 meets the general policies established by the  
15 Working Group pursuant to subsection (d)(4);

16 (D) provide assurances that the eligible en-  
17 tity will take such steps as may be available to  
18 it to continue the activities for which the eligi-  
19 ble entity is making application after the period  
20 for which assistance is sought; and

21 (E) provide such additional assurances as  
22 the Secretary determines to be essential to en-  
23 sure compliance with the requirements of this  
24 Act.

1                         (3) JOINT APPLICATION.—A consortium of eli-  
2                         gible entities may file a joint application under the  
3                         provisions of paragraph (1) of this subsection.

4                         (f) APPROVAL OF APPLICATION.—The Secretary  
5                         shall approve applications in accordance with the general  
6                         policies established by the Working Group under sub-  
7                         section (d).

8                         (g) PAYMENTS.—The Secretary shall pay to each eli-  
9                         gible entity having an application approved under sub-  
10                         section (f) the cost of the activities described in the appli-  
11                         cation.

12                         (h) EVALUATION AND REPORT.—

13                         (1) EVALUATION.—The Secretary shall conduct  
14                         an annual evaluation of grants made under this sec-  
15                         tion to determine—

16                         (A) the results of the overall applied re-  
17                         search conducted under this Act;

18                         (B) the extent to which research assisted  
19                         under this section has improved or expanded  
20                         the general research for health promotion and  
21                         disease prevention among the elderly and identi-  
22                         fied practical interventions based upon such re-  
23                         search;

24                         (C) a list of specific recommendations  
25                         based upon research conducted under this sec-

1           tion which show promise as practical interventions  
2           for health promotion and disease prevention among the elderly;

3  
4           (D) whether or not as a result of the applied research effort certain health promotion  
5           and disease prevention benefits or education efforts should be added to the medicare program,  
6           including discussions of quality of life, translating the applied research results into a benefit  
7           under the medicare program, and whether each additional benefit would be a cost-effective benefit or cost-saving benefit for each proposed addition;

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13           (E) the utility of, potential for, and issues surrounding health risk appraisals sponsored under the medicare program and targeted followup; and

14  
15  
16  
17  
18           (F) how best to increase utilization of existing and recommended health promotion and disease prevention services, including an education and public awareness component discussion of financial incentives for providers of services and medicare beneficiaries to improve utilization and other administrative means of increasing utilization.

10        (i) AUTHORIZATION OF APPROPRIATIONS.—There  
11 are authorized to be appropriated \$40,000,000 for each  
12 of the fiscal years 2000, 2001, 2002, and 2003 to carry  
13 out the provisions of this section.

14 SEC. 102. SENSE OF CONGRESS REGARDING THE RESPONSE  
15 OF HCFA TO PREVENTIVE HEALTH ISSUES.

16 It is the sense of Congress that in administering the  
17 medicare program the Secretary should ensure that the  
18 Administrator of the Health Care Financing Administra-  
19 tion encourages the inclusion of preventive measures as  
20 part of all treatments described in such program.

1 SEC. 103. SENSE OF CONGRESS REGARDING THE EFFORTS  
2 OF HCFA TO STUDY HEALTH PROMOTION  
3 AND DISEASE PREVENTION FOR MEDICARE  
4 BENEFICIARIES.

5 It is the sense of Congress that the Secretary should  
6 ensure that the Administrator of the Health Care Financ-  
7 ing Administration expands the study of the most prom-  
8 ising behavioral modification of risk factors associated  
9 with health promotion and disease prevention for all medi-  
10 care beneficiaries.

11 SEC. 104. SENSE OF CONGRESS REGARDING THE ESTAB-  
12 LISHMENT OF A MEDICARE HEALTH PRO-  
13 MOTION AND DISEASE PREVENTION CLEAR-  
14 INGHOUSE.

15 It is the sense of Congress that the National Library  
16 of Medicine should collect information regarding innova-  
17 tive and successful health promotion and disease preven-  
18 tion interventions from both published and unpublished  
19 sources, establish a clearinghouse targeting all medicare  
20 beneficiaries in a variety of settings for the consolidation  
21 and coordination of all such information, and make the  
22 clearinghouse available to the public and accessible  
23 through the Internet.

## 1   **TITLE II—MEDICARE COVERAGE 2       OF PREVENTIVE SERVICES**

### 3   **SEC. 201. COUNSELING FOR CESSATION OF TOBACCO USE.**

4           (a) COVERAGE.—Section 1861(s)(2) of the Social Se-  
5     curity Act (42 U.S.C. 1395x(s)(2)) is amended—

6               (1) in subparagraph (S), by striking “and” at  
7     the end;

8               (2) in subparagraph (T), by striking the period  
9     at the end and inserting “; and”; and

10              (3) by adding at the end the following:

11               “(U) counseling for cessation of tobacco use (as  
12     defined in subsection (uu)) for individuals who have  
13     a history of tobacco use.”.

14           (b) SERVICES DESCRIBED.—Section 1861 of such  
15     Act (42 U.S.C. 1395x) is amended by adding at the end  
16     the following:

17               “Counseling for Cessation of Tobacco Use

18               “(uu)(1) Except as provided in paragraph (2), the  
19     term ‘counseling for cessation of tobacco use’ means diag-  
20     nostic, therapy, and counseling services for cessation of  
21     tobacco use which are furnished by or under the super-  
22     vision of a physician or other health care professional who  
23     is legally authorized to furnish such services under State  
24     law (or the State regulatory mechanism provided by State  
25     law) of the State in which the services are furnished, as

1 would otherwise be covered if furnished by a physician or  
2 as an incident to a physician's professional service.

3       “(2) The term ‘counseling for cessation of tobacco  
4 use’ does not include coverage for drugs or biologicals that  
5 are not otherwise covered under this title.”.

6       (c) ELIMINATION OF COST SHARING.—

7           (1) ELIMINATION OF COINSURANCE.—Section  
8 1833(a)(1) of such Act (42 U.S.C. 1395l(a)(1)) is  
9 amended—

10                  (A) by striking “and (S)” and inserting  
11 “(S)”; and

12                  (B) by striking the semicolon at the end  
13 and inserting the following: “, and (T) with re-  
14 spect to counseling for cessation of tobacco use  
15 (as defined in section 1861(uu)), the amount  
16 paid shall be 100 percent of the lesser of the  
17 actual charge for the services or the amount de-  
18 termined by a fee schedule established by the  
19 Secretary for the purposes of this subpara-  
20 graph;”.

21           (2) ELIMINATION OF DEDUCTIBLE.—The first  
22 sentence of section 1833(b) of such Act (42 U.S.C.  
23 1395l(b)) is amended—

24                  (A) by striking “and” before “(6)”; and

(B) by inserting before the period the following: “, and (7) such deductible shall not apply with respect to counseling for cessation of tobacco use (as defined in section 1861(uu))”.

5 (d) EFFECTIVE DATE.—The amendments made by  
6 this section shall apply to services furnished on or after  
7 December 31, 2001.

## **8 SEC. 202. SCREENING FOR HYPERTENSION.**

9               (a) COVERAGE.—Section 1861(s)(2) of the Social Se-  
10 curity Act (42 U.S.C. 1395x(s)(2)) (as amended by sec-  
11 tion 201(a)) is amended—

(3) by adding at the end the following:

17           “(V) screening for hypertension (as defined in  
18 subsection (vv)) not more frequently than once every  
19 2 years for individuals with normotensive blood pres-  
20 sure measurements and annually for individuals with  
21 blood pressure measurements that are not  
22 normotensive.”.

(b) SERVICES DESCRIBED.—Section 1861 of such Act (42 U.S.C. 1395x) (as amended by section 201(b)) is amended by adding at the end the following:

## 1           “Screening for Hypertension

2       “(vv) The term ‘screening for hypertension’ means di-  
3 agnostic services for hypertension which are furnished by  
4 or under the supervision of a physician or other health  
5 care professional who is legally authorized to furnish such  
6 services under State law (or the State regulatory mecha-  
7 nism provided by State law) of the State in which the serv-  
8 ices are furnished, as would otherwise be covered if fur-  
9 nished by a physician or as an incident to a physician’s  
10 professional service.”.

## 11       (c) ELIMINATION OF COST SHARING.—

12           (1) ELIMINATION OF COINSURANCE.—Section  
13 1833(a)(1) of such Act (42 U.S.C. 1395l(a)(1)) (as  
14 amended by section 201(c)(1)) is amended—

15           (A) by striking “and (T)” and inserting  
16 “(T)”; and

17           (B) by striking the semicolon at the end  
18 and inserting the following: “, and (U) with re-  
19 spect to screening for hypertension (as defined  
20 in section 1861(vv)), the amount paid shall be  
21 100 percent of the lesser of the actual charge  
22 for the services or the amount determined by a  
23 fee schedule established by the Secretary for the  
24 purposes of this subparagraph;”.

1                         (2) ELIMINATION OF DEDUCTIBLE.—The first  
2 sentence of section 1833(b) of such Act (42 U.S.C.  
3 1395l(b)) (as amended by section 201(c)(2)) is  
4 amended—

5                         (A) by striking “and” before “(7)”; and  
6                         (B) by inserting before the period the fol-  
7 lowing: “, and (8) such deductible shall not  
8 apply with respect to screening for hypertension  
9 (as defined in section 1861(vv))”.

10                         (d) EFFECTIVE DATE.—The amendments made by  
11 this section shall apply to services furnished on or after  
12 December 31, 2001.

13 **SEC. 203. COUNSELING FOR HORMONE REPLACEMENT**  
14 **THERAPY.**

15                         (a) COVERAGE.—Section 1861(s)(2) of the Social Se-  
16 curity Act (42 U.S.C. 1395x(s)(2)) (as amended by sec-  
17 tion 202(a)) is amended—

18                         (1) in subparagraph (U), by striking “and” at  
19 the end;

20                         (2) in subparagraph (V), by striking the period  
21 at the end and inserting “; and”; and

22                         (3) by adding at the end the following:

23                         “(W) counseling for hormone replacement ther-  
24 apy (as defined in subsection (ww)).”.

1       (b) SERVICES DESCRIBED.—Section 1861 of such  
2 Act (42 U.S.C. 1395x) (as amended by section 202(b))  
3 is amended by adding at the end the following:

4           “Counseling for Hormone Replacement Therapy

5           “(ww)(1) Except as provided in paragraph (2), the  
6 term ‘counseling for hormone replacement therapy’ means  
7 diagnostic, therapy, and counseling services for hormone  
8 replacement which are furnished by or under the super-  
9 vision of a physician or other health care professional who  
10 is legally authorized to furnish such services under State  
11 law (or the State regulatory mechanism provided by State  
12 law) of the State in which the services are furnished, as  
13 would otherwise be covered if furnished by a physician or  
14 as an incident to a physician’s professional service.

15           “(2) The term ‘counseling for hormone replacement  
16 therapy’ does not include coverage for drugs or biologicals  
17 that are not otherwise covered under this title.”.

18       (c) ELIMINATION OF COST SHARING.—

19           (1) ELIMINATION OF COINSURANCE.—Section  
20 1833(a)(1) of such Act (42 U.S.C. 1395l(a)(1)) (as  
21 amended by section 202(c)(1)) is amended—

22                  (A) by striking “and (U)” and inserting  
23 “(U)”; and

24                  (B) by striking the semicolon at the end  
25 and inserting the following: “, and (V) with re-

1           spect to counseling for hormone replacement  
2           therapy (as defined in section 1861(ww)), the  
3           amount paid shall be 100 percent of the lesser  
4           of the actual charge for the services or the  
5           amount determined by a fee schedule estab-  
6           lished by the Secretary for the purposes of this  
7           subparagraph;”.

8           (2) ELIMINATION OF DEDUCTIBLE.—The first  
9           sentence of section 1833(b) of such Act (42 U.S.C.  
10          1395l(b)) (as amended by section 202(c)(2)) is  
11          amended—

12                 (A) by striking “and” before “(8)”; and  
13                 (B) by inserting before the period the fol-  
14                 lowing: “, and (9) such deductible shall not  
15                 apply with respect to counseling for hormone  
16                 replacement therapy (as defined in section  
17                 1861(ww))”.

18           (d) EFFECTIVE DATE.—The amendments made by  
19          this section shall apply to services furnished on or after  
20          December 31, 2001.

21          **SEC. 204. SCREENING FOR GLAUCOMA.**

22           (a) COVERAGE.—Section 1861(s)(2) of the Social Se-  
23          curity Act (42 U.S.C. 1395x(s)(2)) (as amended by sec-  
24          tion 203(a)) is amended—

1                   (1) in subparagraph (V), by striking "and" at  
2                   the end;

3                   (2) in subparagraph (W), by striking the period  
4                   at the end and inserting ";" and"; and

5                   (3) by adding at the end the following:

6                 "(X) screening for glaucoma (as defined in sub-  
7                 section (xx)) for individuals determined to be at high  
8                 risk for glaucoma, individuals with a family history  
9                 of glaucoma, and individuals with diabetes or myo-  
10                 pia.".

11                 (b) SERVICES DESCRIBED.—Section 1861 of such  
12 Act (42 U.S.C. 1395x) (as amended by section 203(b))  
13 is amended by adding at the end the following:

14                 "Screening for Glaucoma

15                 "(xx) The term 'screening for glaucoma' means a di-  
16 lated eye examination with an intraocular pressure meas-  
17 urement, and a direct ophthalmoscopy or a slit-lamp bio-  
18 microscopic examination for the early detection of glau-  
19 coma which is furnished by or under the supervision of  
20 an optometrist or ophthalmologist who is legally author-  
21 ized to furnish such services under State law (or the State  
22 regulatory mechanism provided by State law) of the State  
23 in which the services are furnished, as would otherwise  
24 be covered if furnished by a physician or as an incident  
25 to a physician's professional service.".

## 1                   (c) ELIMINATION OF COST SHARING.—

2                   (1) ELIMINATION OF COINSURANCE.—Section  
3                   1833(a)(1) of such Act (42 U.S.C. 1395l(a)(1)) (as  
4                   amended by section 203(c)(1)) is amended—5                   (A) by striking “and (V)” and inserting  
6                   “(V)”; and7                   (B) by striking the semicolon at the end  
8                   and inserting the following: “, and (W) with re-  
9                   spect to screening for glaucoma (as defined in  
10                  section 1861(xx)), the amount paid shall be 100  
11                  percent of the lesser of the actual charge for  
12                  the services or amount determined by a fee  
13                  schedule established by the Secretary for the  
14                  purposes of this subparagraph;”.15                  (2) ELIMINATION OF DEDUCTIBLE.—The first  
16                  sentence of section 1833(b) of such Act (42 U.S.C.  
17                  1395l(b)) (as amended by section 203(c)(2)) is  
18                  amended—

19                  (A) by striking “and” before “(9)”; and

20                  (B) by inserting before the period the fol-  
21                  lowing: “, and (10) such deductible shall not  
22                  apply with respect to screening for glaucoma  
23                  (as defined in section 1861(xx))”.

1       (d) EFFECTIVE DATE.—The amendments made by  
2 this section shall apply to services furnished on or after  
3 December 31, 2001.

4 **SEC. 205. SCREENING FOR DIMINISHED VISUAL ACUITY.**

5       (a) COVERAGE.—Section 1861(s)(2) of the Social Se-  
6 curity Act (42 U.S.C. 1395x(s)(2)) (as amended by sec-  
7 tion 204(a)) is amended—

8               (1) in subparagraph (W), by striking “and” at  
9 the end;

10              (2) in subparagraph (X), by striking the period  
11 at the end and inserting “; and”; and

12              (3) by adding at the end the following:

13               “(Y) screening for diminished visual acuity (as  
14 defined in subsection (yy)).”.

15       (b) SERVICES DESCRIBED.—Section 1861 of such  
16 Act (42 U.S.C. 1395x) (as amended by section 204(b))  
17 is amended by adding at the end the following:

18               “Screening for Diminished Visual Acuity

19               “(yy) The term ‘screening for diminished visual acu-  
20 ity’ means diagnostic services for screening for diminished  
21 visual acuity which are furnished by or under the super-  
22 vision of an optometrist or ophthalmologist who is legally  
23 authorized to furnish such services under State law (or  
24 the State regulatory mechanism provided by State law) of  
25 the State in which the services are furnished, as would

1 otherwise be covered if furnished by a physician or as an  
2 incident to a physician's professional service.”.

3 (c) ELIMINATION OF COST SHARING.—

4 (1) ELIMINATION OF COINSURANCE.—Section  
5 1833(a)(1) of such Act (42 U.S.C. 1395l(a)(1)) (as  
6 amended by section 204(c)(1)) is amended—

7 (A) by striking “and (W)” and inserting  
8 “(W)”;

9 (B) by striking the semicolon at the end  
10 and inserting the following: “, and (X) with re-  
11 spect to screening for diminished visual acuity  
12 (as defined in section 1861(yy)), the amount  
13 paid shall be 100 percent of the lesser of the  
14 actual charge for the services or the amount de-  
15 termined by a fee schedule established by the  
16 Secretary for the purposes of this subpara-  
17 graph;”.

18 (2) ELIMINATION OF DEDUCTIBLE.—The first  
19 sentence of section 1833(b) of such Act (42 U.S.C.  
20 1395l(b)) (as amended by section 204(c)(2)) is  
21 amended—

22 (A) by striking “and” before “(10)”; and  
23 (B) by inserting before the period the fol-  
24 lowing: “, and (11) such deductible shall not

1           apply with respect to screening for diminished  
2           visual acuity (as defined in section 1861(yy))".

3       (d) EFFECTIVE DATE.—The amendments made by  
4 this section shall apply to services furnished on or after  
5 December 31, 2001.

6 **SEC. 206. SCREENING FOR HEARING IMPAIRMENT.**

7       (a) COVERAGE.—Section 1861(s)(2) of the Social Se-  
8 curity Act (42 U.S.C. 1395x(s)(2)) (as amended by sec-  
9 tion 205(a)) is amended—

10           (1) in subparagraph (X), by striking "and" at  
11 the end;

12           (2) in subparagraph (Y), by striking the period  
13 at the end and inserting ";" and"; and

14           (3) by adding at the end the following:

15           "(Z) screening for hearing impairment (as de-  
16 fined in subsection (zz)).".

17       (b) SERVICES DESCRIBED.—Section 1861 of such  
18 Act (42 U.S.C. 1395x) (as amended by section 205(b))  
19 is amended by adding at the end the following:

20           "Screening for Hearing Impairment

21           "(zz) The term 'screening for hearing impairment'  
22 means diagnostic services for hearing impairment by use  
23 of periodic questions, otoscopic examination and audio  
24 metric testing if such questions indicate potential hearing  
25 impairment, and counseling about hearing aid devices

1 which are furnished by or under the supervision of a physi-  
2 cian or other health care professional who is legally au-  
3 thorized to furnish such services under State law (or the  
4 State regulatory mechanism provided by State law) of the  
5 State in which the services are furnished, as would other-  
6 wise be covered if furnished by a physician or as an inci-  
7 dent to a physician's professional service.”.

8       (c) ELIMINATION OF COST SHARING.—

9           (1) ELIMINATION OF COINSURANCE.—Section  
10          1833(a)(1) of such Act (42 U.S.C. 1395l(a)(1)) (as  
11          amended by section 205(c)(1)) is amended—

12              (A) by striking “and (X)” and inserting  
13              “(X)”; and

14              (B) by striking the semicolon at the end  
15          and inserting the following: “, and (Y) with re-  
16          spect to screening for hearing impairment (as  
17          defined in section 1861(zz)), the amount paid  
18          shall be 100 percent of the lesser of the actual  
19          charge for the services or the amount deter-  
20          mined by a fee schedule established by the Sec-  
21          retary for the purposes of this subparagraph;”.

22           (2) ELIMINATION OF DEDUCTIBLE.—The first  
23          sentence of section 1833(b) of such Act (42 U.S.C.  
24          1395l(b)) (as amended by section 205(c)(2)) is  
25          amended—

1                             (A) by striking “and” before “(11)”; and  
2                             (B) by inserting before the period the fol-  
3                             lowing: “, and (12) such deductible shall not  
4                             apply with respect to screening for hearing im-  
5                             pairment (as defined in section 1861(zz))”.

6         (d) EFFECTIVE DATE.—The amendments made by  
7     this section shall apply to services furnished on or after  
8     December 31, 2001.

9     **SEC. 207. SCREENING AND COUNSELING FOR**  
10                             **OSTEOPOROSIS.**

11         (a) COVERAGE.—Section 1861(s)(2) of the Social Se-  
12     curity Act (42 U.S.C. 1395x(s)(2)) (as amended by sec-  
13     tion 206(a)) is amended—

14                             (1) in subparagraph (Y), by striking “and” at  
15     the end;

16                             (2) in subparagraph (Z), by striking the period  
17     at the end and inserting “; and”; and

18                             (3) by adding at the end the following:

19                             “(AA) screening and counseling for osteoporosis  
20     (as defined in subsection (aaa)) for—

21                             “(i) women; and

22                             “(ii) men with fractures.”.

23         (b) SERVICES DESCRIBED.—Section 1861 of such  
24     Act (42 U.S.C. 1395x) (as amended by section 206(b))  
25     is amended by adding at the end the following:

1           “Screening and counseling for Osteoporosis  
2        “(aaa) The term ‘screening and counseling for  
3 osteoporosis’ means diagnostic and counseling services for  
4 osteoporosis in addition to a bone mass measurement (as  
5 defined in subsection (rr)) which are furnished in accord-  
6 ance with methods approved by the Food and Drug Ad-  
7 ministration by or under the supervision of a physician  
8 or other health care professional who is legally authorized  
9 to furnish such services under State law (or the State reg-  
10 ulatory mechanism provided by State law) of the State in  
11 which the services are furnished, as would otherwise be  
12 covered if furnished by a physician or as an incident to  
13 a physician’s professional service.”.

14       (c) ELIMINATION OF COST SHARING.—

15           (1) ELIMINATION OF COINSURANCE.—Section  
16        1833(a)(1) of such Act (42 U.S.C. 1395l(a)(1)) (as  
17 amended by section 206(c)(1)) is amended—

18               (A) by striking “and (Y)” and inserting  
19               “(Y)”; and

20               (B) by striking the semicolon at the end  
21 and inserting the following: “, and (Z) with re-  
22 spect to screening and counseling for  
23 osteoporosis (as defined in section 1861(aaa)),  
24 the amount paid shall be 100 percent of the  
25 lesser of the actual charge for the services or

1           the amount determined by a fee schedule estab-  
2         lished by the Secretary for the purposes of this  
3         subparagraph;”.

4           (2) **ELIMINATION OF DEDUCTIBLE.**—The first  
5         sentence of section 1833(b) of such Act (42 U.S.C.  
6         1395l(b)) (as amended by section 206(c)(2)) is  
7         amended—

8               (A) by striking “and” before “(12)”; and  
9               (B) by inserting before the period the fol-  
10          lowing: “, and (13) such deductible shall not  
11          apply with respect to screening and counseling  
12          for osteoporosis (as defined in section  
13          1861(aaa))”.

14           (d) **EFFECTIVE DATE.**—The amendments made by  
15         this section shall apply to services furnished on or after  
16         December 31, 2001.

17 **SEC. 208. SCREENING FOR CHOLESTEROL.**

18           (a) **COVERAGE.**—Section 1861(s)(2) of the Social Se-  
19         curity Act (42 U.S.C. 1395x(s)(2)) (as amended by sec-  
20         tion 207(a)) is amended—

21               (1) in subparagraph (Z), by striking “and” at  
22         the end;

23               (2) in subparagraph (AA), by striking the pe-  
24         riod at the end and inserting “; and”; and

25               (3) by adding at the end the following:

1           “(BB) screening for cholesterol (as defined in  
2 subsection (bbb)) for individuals between the ages of  
3 65 and 75 that exhibit major risk factors for coro-  
4 nary heart disease, including smoking, hypertension,  
5 and diabetes.”.

6       (b) SERVICES DESCRIBED.—Section 1861 of such  
7 Act (42 U.S.C. 1395x) (as amended by section 207(b))  
8 is amended by adding at the end the following:

9           “Screening for Cholesterol  
10       “(bbb) The term ‘screening for cholesterol’ means di-  
11 agnostic services for cholesterol that are furnished by or  
12 under the supervision of a physician or other health care  
13 professional who is legally authorized to furnish such serv-  
14 ices under State law (or the State regulatory mechanism  
15 provided by State law) of the State in which the services  
16 are furnished, as would otherwise be covered if furnished  
17 by a physician or as an incident to a physician’s profes-  
18 sional service.”.

19       (c) ELIMINATION OF COST SHARING.—

20           (1) ELIMINATION OF COINSURANCE.—Section  
21 1833(a)(1) of such Act (42 U.S.C. 1395l(a)(1)) (as  
22 amended by section 207(c)(1)) is amended—

23           (A) by striking “and (Z)” and inserting  
24           “(Z)”; and

19       (d) EFFECTIVE DATE.—The amendments made by  
20 this section shall apply to services furnished on or after  
21 December 31, 2001.

22 SEC. 209. ELIMINATION OF COST SHARING FOR CURRENT  
23 PREVENTIVE BENEFITS.

**24 (a) WAIVER OF COINSURANCE AND DEDUCTIBLES.—**

1                             (1) IN GENERAL.—Section 1834 of the Social  
2                             Security Act (42 U.S.C. 1395m) is amended by add-  
3                             ing at the end the following:

4                             “(m) WAIVER OF COINSURANCE AND DEDUCTIBLE  
5                             FOR PREVENTIVE SERVICES.—

6                             “(1) COINSURANCE.—

7                             “(A) IN GENERAL.—Notwithstanding any  
8                             other provision of this part—

9                                 “(i) the Secretary shall waive any co-  
10                             insurance applicable to services described  
11                             in subparagraph (B); and

12                                 “(ii) with respect to payment for such  
13                             services, any reference to a percent that is  
14                             less than 100 percent shall be deemed to  
15                             be a reference to 100 percent.

16                             “(B) SERVICES DESCRIBED.—The services  
17                             described in this subparagraph are the following  
18                             services:

19                                 “(i) Screening mammography (as de-  
20                             fined in section 1861(jj)).

21                                 “(ii) Screening pelvic exam (as de-  
22                             fined in section 1861(nn)(2)).

23                                 “(iii) Hepatitis B vaccine and its ad-  
24                             ministration                     under                     section  
25                             1861(s)(10)(B)).

“(iv) Colorectal cancer screening test  
(as defined in section 1861(pp)).

“(v) Bone mass measurement (as defined in section 1861(rr)).

“(vi) Prostate cancer screening test  
(as defined in section 1861(oo)).

“(vii) Diabetes outpatient self-management training services (as defined in section 1861(qq)).

**“(2) DEDUCTIBLE.—**

“(A) IN GENERAL.—Notwithstanding any other provision of this part, the deductible described in section 1833(b) shall not apply with respect to services described in subparagraph (B).

**“(B) SERVICES DESCRIBED.—**The services described in this subparagraph are the following services:

“(i) Hepatitis B vaccine and its administration (under section 1861(s)(10)(B)).

“(ii) Colorectal cancer screening test  
(as defined in section 1861(pp)).

"(iii) Bone mass measurement (as defined in section 1861(rr)).

1                         “(iv) Prostate cancer screening test  
2                         (as defined in section 1861(oo)).

3                         “(v) Diabetes outpatient self-manage-  
4                         ment training services (as defined in sec-  
5                         tion 1861(qq)).”.

6                         **(2) CONFORMING AMENDMENT.**—Section  
7                         1833(a) of the Social Security Act (42 U.S.C.  
8                         1395l(a)) is amended by striking “section 1876”  
9                         and inserting “sections 1834 and 1876” in the mat-  
10                         ter preceding paragraph (1).

11                         **(b) EFFECTIVE DATE.**—The amendments made by  
12                         this section shall apply to services furnished on or after  
13                         December 31, 2001.

14                         **SEC. 210. NATIONAL FALLS PREVENTION EDUCATION AND**  
15                         **AWARENESS CAMPAIGN.**

16                         The Secretary, in consultation with the Director of  
17                         the Centers for Disease Control and Prevention, shall con-  
18                         duct a national falls prevention and awareness campaign  
19                         to reduce fall-related injuries among medicare bene-  
20                         ficiaries.

21                         **SEC. 211. PROGRAM INTEGRITY.**

22                         The Secretary, in consultation with the Inspector  
23                         General of the Department of Health and Human Serv-  
24                         ices, shall integrate the benefits described in sections 201  
25                         through 208 with existing program integrity measures.

## **TITLE III—MEDICARE HEALTH EDUCATION AND RISK APPRAISAL PROGRAM**

4 SEC. 301. MEDICARE HEALTH EDUCATION AND RISK AP-  
5 PRAISAL PROGRAM.

6 (a) IN GENERAL.—Title XVIII of the Social Security  
7 Act (42 U.S.C. 1395 et seq.) is amended by adding at  
8 the end the following:

# 9 "MEDICARE HEALTH EDUCATION AND RISK APPRAISAL 10 PROGRAM

“SEC. 1897. (a) ESTABLISHMENT.—The Secretary,  
in consultation with the Director of the Centers for Disease Control and Prevention, the Administrator of the Agency for Health Care Policy and Research, and the Administrator of the Health Care Financing Administration, shall establish a health education and risk appraisal program to inform the target individuals described in subsection (b) of the major behavioral risk factors described in subsection (c) through the self-assessment described in subsection (d) and shall conduct the periodic followup described in subsection (e).

22        "(b) TARGET INDIVIDUALS.—The target individuals  
23 described in this subsection are the following:

“(1) MEDICARE BENEFICIARIES.—Individuals  
that are beneficiaries under this title.

1               “(2) INDIVIDUALS BETWEEN THE AGES OF 50  
2       AND 64.—Individuals between the ages of 50 and 64.

3               “(c) MAJOR BEHAVIORAL RISK FACTORS.—The  
4       major behavioral risk factors described in this subsection  
5       include—

6               “(1) the lack of proper nutrition;  
7               “(2) the use of alcohol;  
8               “(3) the lack of regular exercise;  
9               “(4) the use of tobacco;  
10          “(5) depression; and  
11          “(6) other risk factors identified by the Sec-  
12       retary.

13               “(d) SELF-ASSESSMENT.—

14               “(1) IN GENERAL.—The self-assessment de-  
15       scribed in this subsection is a form delivered by the  
16       Secretary to each target individual that—

17               “(A) includes questions regarding major  
18       behavioral risk factors;

19               “(B) requests that such individual answer  
20       the questions and return the form to the Sec-  
21       retary; and

22               “(C) is then assessed using—

23               “(i) knowledge coupling computer  
24       software that assesses overall health risks

1                   and then provides options for management  
2                   of identified risk factors;  
3                   “(ii) nurse hotlines; and  
4                   “(iii) case managers as the Secretary  
5                   determines appropriate.

6                 “(2) INDIVIDUALS BETWEEN THE AGES OF 50  
7                 AND 64.—With respect to the target individuals de-  
8                 scribed in subsection (b)(2), the Secretary shall co-  
9                 ordinate the delivery of the self-assessment form  
10                with the issuance of the statement described in sec-  
11                tion 1143(c)(2).

12                “(e) PERIODIC FOLLOWUP.—

13                “(1) MEDICARE BENEFICIARIES.—Not less fre-  
14                quently than once every 2 years, the Secretary shall  
15                conduct periodic followup appraisals with respect to  
16                the target individuals described in subsection (b)(1)  
17                to reduce major behavioral risk factors described in  
18                subsection (c)—

19                “(A) by providing such individuals with—  
20                   “(i) information regarding the results  
21                   of the self-administered risk appraisal;  
22                   “(ii) recommendations regarding be-  
23                   havior modifications based on such ap-  
24                   praisal; and

1                     “(iii) information regarding any need  
2                     for further assessment or treatment; and  
3                     “(B) by providing the information de-  
4                     scribed in subparagraph (A) to the provider  
5                     designated by such individual to receive such in-  
6                     formation.

7                     “(2) INDIVIDUALS BETWEEN THE AGES OF 50  
8                     AND 64.—The Secretary shall conduct such periodic  
9                     followup appraisals with respect to the target indi-  
10                    viduals described in subsection (b)(2) as the Sec-  
11                    retary determines appropriate.”.

12 **TITLE IV—DISEASE SELF-MAN-  
13                 AGEMENT DEMONSTRATION  
14                 PROJECTS**

15 **SEC. 401. DISEASE SELF-MANAGEMENT DEMONSTRATION  
16                 PROJECTS.**

17                     (a) DEMONSTRATION PROJECTS.—

18                     (1) IN GENERAL.—The Secretary, acting  
19                     through the Administrator of the Health Care Fi-  
20                     nancing Administration, shall conduct demonstration  
21                     projects for the purpose of promoting disease self-  
22                     management for conditions identified by the working  
23                     group established under paragraph (2) for target in-  
24                     dividuals (as defined in paragraph (3)).

1                   (2) DISEASE SELF-MANAGEMENT WORKING  
2 GROUP.—

3                   (A) ESTABLISHMENT.—There is estab-  
4                   lished within the Department of Health and  
5                   Human Services a Disease Self-Management  
6                   Working Group.

7                   (B) COMPOSITION.—The Disease Self-  
8                   Management Working Group established under  
9                   subparagraph (A) shall be composed of 4 mem-  
10                  bers as follows:

11                  (i) The Administrator of the Health  
12                  Care Financing Administration.

13                  (ii) The Director of the Centers for  
14                  Disease Control and Prevention.

15                  (iii) The Administrator of the Agency  
16                  for Health Care Policy and Research.

17                  (iv) The Director of the Administra-  
18                  tion on Aging.

19                  (C) GENERAL POLICIES AND CRITERIA.—  
20                  The Disease Self-Management Working Group  
21                  established under paragraph (1) shall establish  
22                  general policies and criteria with respect to the  
23                  functions of the Secretary under this section  
24                  including—

(i) the identification of conditions for which a demonstration project may be implemented;

(ii) the prioritization of the conditions identified under clause (i) based on potential of self-management of such condition to be medically effective and for such self-management to be a cost-effective benefit or cost-saving benefit, as those terms are defined in section 3 of this Act;

(iii) the identification of target individuals;

(iv) the development of procedures for selecting areas in which a demonstration project may be implemented; and

(v) such other matters as are recommended by the Disease Self-Management Working Group and approved by the Secretary.

1 Social Security Act (42 U.S.C. 1395c et seq.; 1395j  
2 et seq.) or is enrolled under the Medicare+Choice  
3 program under part C of title XVIII of such Act (42  
4 U.S.C. 1395w–21 et seq.).

5 (b) NUMBER, PROJECT AREAS, AND DURATION.—

6 (1) NUMBER.—Not later than 2 years after the  
7 date of enactment of this Act, the Secretary shall  
8 implement a series of demonstration projects.

9 (2) PROJECT AREAS.—The Secretary, acting  
10 through the Administrator of the Health Care Fi-  
11 nancing Administration, shall implement the dem-  
12 onstration projects described in paragraph (1) in  
13 urban, suburban, and rural areas.

14 (3) DURATION.—The demonstration projects  
15 under this section shall be conducted for a period of  
16 3 years, beginning on the date on which the Sec-  
17 retary implements the initial demonstration project.

18 (c) REPORTS TO CONGRESS.—

19 (1) ANNUAL REPORTS.—

20 (A) IN GENERAL.—Not later than 1 year  
21 after the Secretary implements the initial dem-  
22 onstration project under this section, and bian-  
23 nually thereafter, the Secretary shall submit to  
24 Congress a report regarding the demonstration  
25 projects conducted under this section.

(B) CONTENTS OF REPORT.—The report in subparagraph (A) shall include the following:

(i) A description of the demonstration projects conducted under this section.

(ii) An evaluation of—

(I) whether each benefit provided under the demonstration project is a cost-effective benefit or a cost-saving benefit;

(II) the level of the disease self-management attained by target individuals under the demonstration projects; and

(III) the satisfaction of target individuals under the demonstration project.

1 ommendations of the Secretary regarding whether to  
2 conduct the demonstration projects on a permanent  
3 basis, together with such recommendations for legis-  
4 lation and administrative action as the Secretary  
5 considers appropriate.

6 (d) FUNDING.—The Secretary shall provide for the  
7 transfer from the Federal Hospital Insurance Trust Fund  
8 under section 1817 of the Social Security Act (42 U.S.C.  
9 1395i) an amount not to exceed \$30,000,000 for the costs  
10 of carrying out the demonstration projects under this sec-  
11 tion, establishing the Disease Self-Management Working  
12 Group under subsection (a)(2), and submitting the reports  
13 to Congress under subsection (c).

14 **TITLE V—STUDIES AND RE-  
15 PORTS ADVANCING ORIGINAL  
16 RESEARCH IN THE FIELD OF  
17 DISEASE PREVENTION AND  
18 THE ELDERLY**

19 **SEC. 501. MEDPAC BIANNUAL REPORT.**

20 (a) IN GENERAL.—Section 1805(b) of the Social Se-  
21 curity Act (42 U.S.C. 1395b–6(b)) is amended—  
22 (1) in paragraph (1)—  
23 (A) in subparagraph (C), by striking  
24 “and” at the end;

(B) in subparagraph (D), by striking the period and inserting “; and”; and

(C) by adding at the end the following:

“(E) by not later than January 1, 2001, and biannually thereafter, submit the report to Congress described in paragraph (7).”; and

(2) by adding at the end the following:

**“(7) EVALUATION OF ACTUARIAL EQUIVALENCE  
MEDICARE AND PRIVATE SECTOR BENEFIT PACK-  
S.—**

**“(A) EVALUATION.—The Commission**  
**shall—**

“(i) evaluate the benefit package offered under the medicare program under this title; and

“(ii) determine the degree to which such benefit package is actuarially equivalent to that offered by health benefit programs available in the private sector to individuals over age 65.

“(B) REPORT.—The Commission shall submit a report to Congress that shall contain—

"(i) a detailed statement of the findings and conclusions of the Commission re-

1                   garding the evaluation conducted under  
2                   subparagraph (A);

3                   “(ii) the recommendations of the  
4                   Commission regarding changes in the ben-  
5                   efit package offered under the medicare  
6                   program under this title that would keep  
7                   the program modern and competitive in re-  
8                   lation to health benefit programs available  
9                   in the private sector; and

10                  “(iii) the recommendations of the  
11                  Commission for such legislation and ad-  
12                  ministrative actions as it considers appro-  
13                  priate.”.

14                  (b) EFFECTIVE DATE.—The amendments made by  
15                  this section shall take effect on the date of enactment of  
16                  this Act.

17                  **SEC. 502. NATIONAL INSTITUTE ON AGING STUDY AND RE-**  
18                  **PORT.**

19                  (a) STUDIES.—The Director of the National Institute  
20                  on Aging shall conduct 1 or more studies focusing on ways  
21                  to—

22                  (1) improve quality of life for the elderly;  
23                  (2) develop better ways to prevent or delay the  
24                  onset of age-related functional decline and disease  
25                  and disability among the elderly; and

5 (b) REPORT.—Not later than January 1, 2005, the  
6 Director of the National Institute on Aging shall submit  
7 a report to the Secretary regarding each study conducted  
8 under subsection (a) and containing a detailed statement  
9 of research findings and conclusions that are scientifically  
10 valid and are demonstrated to prevent or delay the onset  
11 of chronic illness or disability among the elderly.

12 (c) TRANSMISSION TO INSTITUTE OF MEDICINE.—  
13 Upon receipt of each report described in subsection (b),  
14 the Secretary shall transmit such report to the Institute  
15 of Medicine of the National Academy of Sciences for con-  
16 sideration in its effort to conduct the comprehensive study  
17 of current literature and best practices in the field of  
18 health promotion and disease prevention among the medi-  
19 care beneficiaries described in section 503.

**20 (d) AUTHORIZATION OF APPROPRIATIONS.—**

21                   (1) IN GENERAL.—There are authorized to be  
22 appropriated \$100,000,000 for fiscal years 2000  
23 through 2005 to carry out the purposes of this sec-  
24 tion.

1                   (2) AVAILABILITY.—Any sums appropriated  
2       under the authorization contained in this subsection  
3       shall remain available, without fiscal year limitation,  
4       until September 30, 2004.

5 SEC. 503. INSTITUTE OF MEDICINE 5-YEAR MEDICARE PRE-  
6                   VENTION BENEFIT STUDY AND REPORT.

7                   (a) STUDY.—

8                   (1) IN GENERAL.—The Secretary shall contract  
9       with the Institute of Medicine of the National Acad-  
10      emy of Sciences to conduct a comprehensive study of  
11      current literature and best practices in the field of  
12      health promotion and disease prevention among  
13      medicare beneficiaries including the issues described  
14      in paragraph (2) and to submit the report described  
15      in subsection (b).

16                   (2) ISSUES STUDIED.—The study required  
17       under paragraph (1) shall include an assessment  
18       of—

19                   (A) whether each covered benefit is—

20                          (i) medically effective; and  
21                          (ii) a cost-effective benefit or a cost-  
22                          saving benefit;

23                   (B) utilization of covered benefits (includ-  
24                          ing any barriers to or incentives to increase utili-  
25                          zation); and

(C) quality of life issues associated with both health promotion and disease prevention benefits covered under the medicare program and those that are not covered under such program that would affect all medicare beneficiaries.

(b) REPORT.—

## (2) RECOMMENDATIONS FOR LEGISLATION.—

18 The Institute of Medicine of the National Academy  
19 of Sciences, in consultation with the Partnership for  
20 Prevention, shall develop recommendations in legis-  
21 lative form that—

(A) prioritize the preventive benefits under the medicare program; and

(B) modify preventive benefits offered under the medicare program based on the study conducted under subsection (a).

4 (c) TRANSMISSION TO CONGRESS.—

10                             (2) DELIVERY.—Copies of the report and rec-  
11                             ommendations in legislative form required to be  
12                             transmitted to Congress under paragraph (1) shall  
13                             be delivered—

(B) to the Clerk of the House of Representatives if the House is not in session; and

20 SEC. 504. FAST-TRACK CONSIDERATION OF PREVENTION  
21 BENEFIT LEGISLATION.

22 (a) RULES OF HOUSE OF REPRESENTATIVES AND  
23 SENATE.—This section is enacted by Congress—

(1) as an exercise of the rulemaking power of  
the House of Representatives and the Senate, re-

1       spectively, and is deemed a part of the rules of each  
2       House of Congress, but—

3                     (A) is applicable only with respect to the  
4       procedure to be followed in that House of Con-  
5       gress in the case of an implementing bill (as de-  
6       fined in subsection (d)); and

7                     (B) supersedes other rules only to the ex-  
8       tent that such rules are inconsistent with this  
9       section; and

10                  (2) with full recognition of the constitutional  
11       right of either House of Congress to change the  
12       rules (so far as relating to the procedure of that  
13       House of Congress) at any time, in the same man-  
14       ner and to the same extent as in the case of any  
15       other rule of that House of Congress.

16                  (b) INTRODUCTION AND REFERRAL.—

17                  (1) INTRODUCTION.—

18                  (A) IN GENERAL.—Subject to paragraph  
19       (2), on the day on which the President trans-  
20       mits the report pursuant to section 503(c) to  
21       the House of Representatives and the Senate,  
22       the recommendations in legislative form trans-  
23       mitted by the President with respect to such re-  
24       port shall be introduced as a bill (by request)  
25       in the following manner:

(i) HOUSE OF REPRESENTATIVES.—In the House of Representatives, by the Majority Leader, for himself and the Minority Leader, or by Members of the House of Representatives designated by the Majority Leader and Minority Leader.

(ii) SENATE.—In the Senate, by the Majority Leader, for himself and the Minority Leader, or by Members of the Senate designated by the Majority Leader and Minority Leader.

(B) SPECIAL RULE.—If either House of Congress is not in session on the day on which such recommendations in legislative form are transmitted, the recommendations in legislative form shall be introduced as a bill in that House of Congress, as provided in subparagraph (A), on the first day thereafter on which that House of Congress is in session.

(2) REFERRAL.—Such bills shall be referred by the presiding officers of the respective Houses to the appropriate committee, or, in the case of a bill containing provisions within the jurisdiction of 2 or more committees, jointly to such committees for con-

1       sideration of those provisions within their respective  
2       jurisdictions.

3       (c) CONSIDERATION.—After the recommendations in  
4       legislative form have been introduced as a bill and referred  
5       under subsection (b), such implementing bill shall be con-  
6       sidered in the same manner as an implementing bill is con-  
7       sidered under subsections (d), (e), (f), and (g) of section  
8       151 of the Trade Act of 1974 (19 U.S.C. 2191).

9       (d) IMPLEMENTING BILL DEFINED.—In this section,  
10      the term “implementing bill” means only the recommenda-  
11      tions in legislative form of the Institute of Medicine of the  
12      National Academy of Sciences described in section  
13      503(b)(2), transmitted by the President to the House of  
14      Representatives and the Senate under subsection 503(c),  
15      and introduced and referred as provided in subsection (b)  
16      as a bill of either House of Congress.

17       (e) COUNTING OF DAYS.—For purposes of this sec-  
18      tion, any period of days referred to in section 151 of the  
19      Trade Act of 1974 shall be computed by excluding—

20           (1) the days on which either House of Congress  
21      is not in session because of an adjournment of more  
22      than 3 days to a day certain or an adjournment of  
23      Congress sine die; and

1           (2) any Saturday and Sunday, not excluded  
2       under paragraph (1), when either House is not in  
3       session.



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